

Letter of Intent to Participate in the  
Optional Extended-day Kindergarten Program  
2007-2008 School Year

Name of District \_\_\_\_\_

Name of Superintendent (printed) \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

District Contact Person for the Optional Extended-day Kindergarten Program

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please indicate your intent to participate in the Optional Extended-day Kindergarten program by briefly describing your anticipated program offering.

Please submit by May 1, 2007

ATTENTION:

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